



# EPA KEY CONTACTS FORM

OMB Number: 2030-0020  
Expiration Date: 06/30/2024

**Authorized Representative:** *Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.*

<b>Name:</b>	<b>Prefix:</b> Mr.	<b>First Name:</b> Michael	<b>Middle Name:</b> Paul
	<b>Last Name:</b> Brown		<b>Suffix:</b>
<b>Title:</b>	Executive Director		
<b>Complete Address:</b>			
<b>Street1:</b>	PO Box 97		
<b>Street2:</b>			
<b>City:</b>	Normal	<b>State:</b>	IL: Illinois
<b>Zip / Postal Code:</b>	61761-0097	<b>Country:</b>	USA: UNITED STATES
<b>Phone Number:</b>	309-454-3169	<b>Fax Number:</b>	
<b>E-mail Address:</b>	mbrown@ecologyactioncenter.org		

**Payee:** *Individual authorized to accept payments.*

<b>Name:</b>	<b>Prefix:</b> Mr.	<b>First Name:</b> Michael	<b>Middle Name:</b> Paul
	<b>Last Name:</b> Brown		<b>Suffix:</b>
<b>Title:</b>	Executive Director		
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<b>Phone Number:</b>	309-454-3169	<b>Fax Number:</b>	
<b>E-mail Address:</b>	mbrown@ecologyactioncenter.org		

**Administrative Contact:** *Individual from Sponsored Programs Office to contact concerning administrative matters (i.e., indirect cost rate computation, rebudgeting requests etc).*

<b>Name:</b>	<b>Prefix:</b> Mr.	<b>First Name:</b> Michael	<b>Middle Name:</b> Paul
	<b>Last Name:</b> Brown		<b>Suffix:</b>
<b>Title:</b>	Executive Director		
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<b>E-mail Address:</b>	mbrown@ecologyactioncenter.org		

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**Project Manager:** *Individual responsible for the technical completion of the proposed work.*

**Name:** Prefix:  First Name:  Middle Name:   
Last Name:  Suffix:   
**Title:**

**Complete Address:**

Street1:   
Street2:   
City:  State:   
Zip / Postal Code:  Country:   
**Phone Number:**  **Fax Number:**   
**E-mail Address:**